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Winchester Rural District Council



ANNUAL REPORT

ON THE

Health of the Rural District

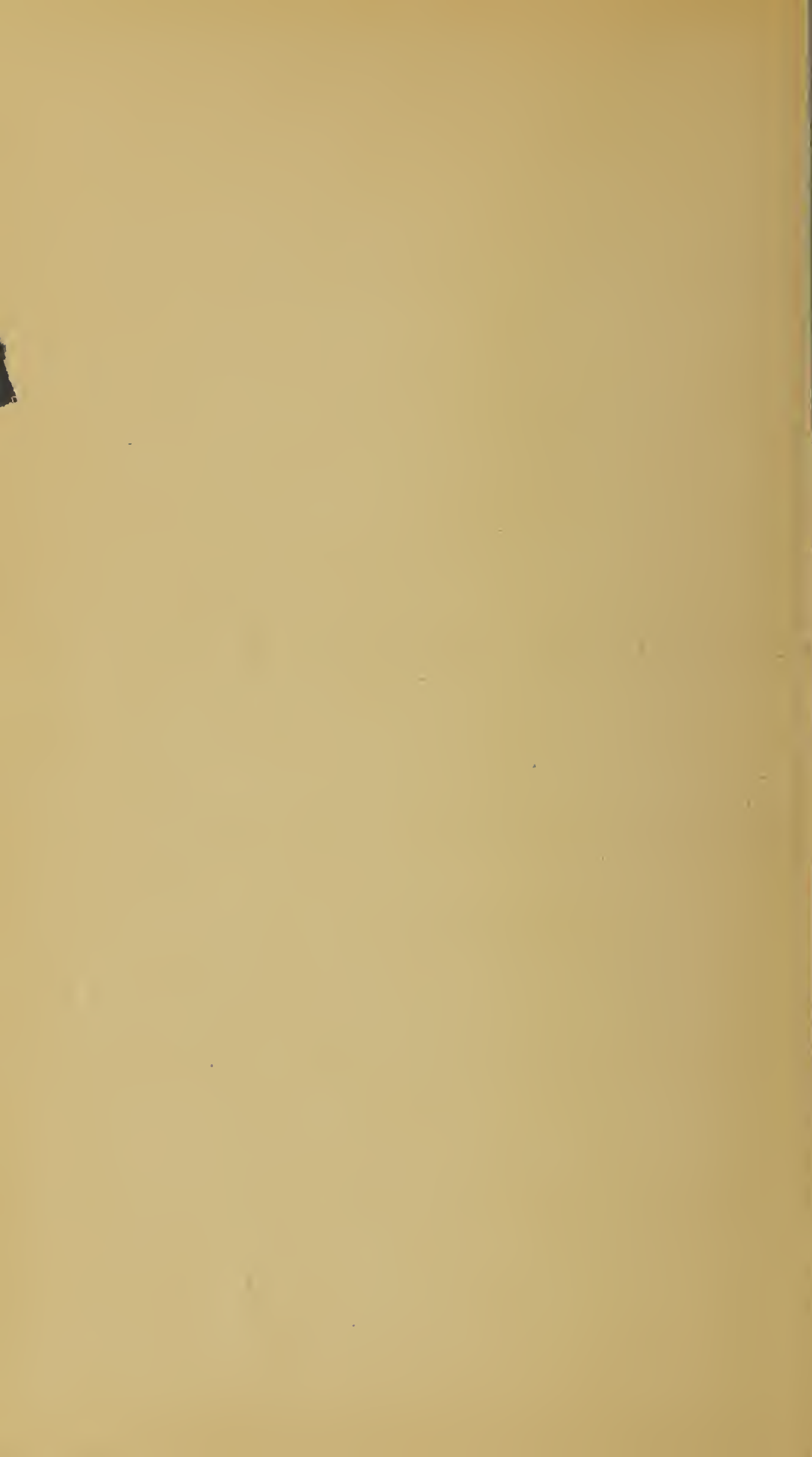
for the Year 1955

BY

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.
Medical Officer of Health

AND

FRANK HURST, M.S.I.A., C.R.S.I.
Senior Sanitary Inspector



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THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1955)

Chairman of the Council:

+ Vice-Admiral E.J. HARDMAN JONES, C.B., O.B.E., J.P.

Vice-Chairman of the Council:

+ Miss E.A. CHAMBERLAYNE, M.B.E., J.P.

Members of the Council:

Mr. W.H. ABRAHAM	Major H. KENDALL,
+ Mrs. E.C. BIDEN	M.M., M.S.M.
Mr. B. BIGNELL	Cmdr. E.H. KITSON, R.N.
Mr. F.H. BOOTH	Col. G.S. LEVENTHORPE,
+ Mr. G. CAMERON-BLACK	D.S.O.
Mr. J. COCKRAM	Mr. N.J.P. LEWER
+ Major J.T. CONWAY	+ Mr. C.H. LEWRY
+ Mr. J.H. COOK (Chairman of the	+ Mr. G.F. LONGMAN
Health Committee)	Lieut.Col. Sir William
+ Sir George COOPER, Bart.,	MAKINS, Bart.
J.P., D.L.	Mr. J.S. MATTHEWS
+ Capt. A.B. COVENTRY,	+ Miss W.L. MOODY, J.P.
O.B.E., D.S.C., R.N.	+ Mr. W.G. MOORE
Mr. R.F.H. COWEN	+ Mr. R.H. MORTIMER
+ Mr. G.E.S. CUBITT, C.B.E., J.P.	Mr. G.C. PAIN, J.P.
Col. W.P.S. CURTIS, O.B.E., D.L.	Mr. D.G. PUMFRETT
Mr. C.C.R. DIXON	Mrs. F. ROUTH
Mr. A.N. DOWLING	Mr. W.J. SCRASE
Mr. P.J. EDMONDS	+ Mrs. P.M. SMITH
Lieut.Col. J.F. EDWARDS, O.B.E.	+ Mr. C. STOCKWELL
+ Mr. J. FRAY	Col. G.C. STOCKWELL
Mr. T.F. GALLAGHER	+ Mr. W. TURNER
Lieut.Col. G.A.E. GIBBS	Mr. W.R. TURNER
Mr. C.R. HARRISON	+ Miss I.F.G. WALKER
Mr. G.F. HOLMES	+ Mr. C. WATTS, J.P., C.C.
+ Mr. A.W. JURD	Mr. W.E. WEBB

+ Member of the Health Committee

Clerk of the Council:

Mr. R.W. PARTINGTON

May, 1956.

To the Chairman and Members
of the Health Committee,
Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my tenth Annual Report on the health and sanitary circumstances of the Rural District.

More details of the work carried out in the Department are given in the various sections. Mr. Hurst, the Senior Sanitary Inspector, has contributed the final part.

A few general comments are made briefly on several points of interest.

At mid-1955, the population of the Rural District has been estimated to be 41,450, a decrease of 1,090 from 1954.

Once again, no case of diphtheria was notified during the year. Whooping cough was less rife than usual, the smallest number of notifications in the last six years being received. The implementation in May of a scheme for whooping cough immunisation of pre-school children was welcome; the figures for the eight months of 1955 show that the public response has been good, as was to be expected. The number of notifications will be watched during ensuing years as a measure of the efficacy of the vaccine. Measles was widespread, notifications totalling 755. It is clear that the number of notifications gives but a measure only of the incidence. New cases of tuberculosis have diminished a little in number; mass miniature radiography is bringing to light more cases and at an earlier stage than formerly. Preventive measures against spread of infection - as can be undertaken by a Local Sanitary Authority - are still of the highest importance.

Study of the death returns will show that the diseases affecting the higher age groups are the chief causes. There is a steadily increasing proportion of older people in the community and therefore a need for more attention being

given to the diseases which affect man generally, and less to the acute infections. With greater co-operation between the three parts of the Health Service, investigations could be made into the causes of many of the ailments which affect mankind with a view to attempts at their eventual prevention.

I acknowledge the assistance given by the Sanitary Inspectors and the clerical staff and, in concluding, would like to thank the Chairman and Members of the Health Committee for their kind consideration throughout the year.

I am,
Your obedient Servant,

JOHN L. FARMER

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT.

Public Health Officers:

Medical Officer of Health:

JOHN L. FARMER, M.B., Ch.B.,
D.Obst., R.C.O.G., D.P.H.

Senior Sanitary Inspector:

FRANK HURST, M.S.I.A., C.R.S.I.

District Sanitary Inspectors:

S.H. BEYER, M.S.I.A., C.S.I.B.
H.J. SMITH, M.S.I.A., C.S.I.B.

Clerical Staff:

C.B. ASHMAN
Miss S.M. HITCHINGS

Rodent Officer:

T. SAWKINS

Agricultural Rodent Inspector:

O.J. NORRIS

Rodent Operatives:

L. GOODEVE
A. HOLEY
F. PASQUE
Miss B. START
Mrs. K. UNDERWOOD

Engineer and Surveyor's Department:

Engineer and Surveyor:

A.J.R. WATTS, A.F.A.S.

Deputy Engineer:

F.G. SMITH, A.M.Inst.H.E.

Deputy Surveyor:

L.R. NIPPIERD, A.F.S.E.

Water Department:

Water Engineer:

R.J. CAMERON-STOBIE, B.Sc., A.M.I.C.E., A.M.I.H.E.

Laboratory Services.

Laboratory examinations relating to Bacteriology and Epidemiology are carried out by the Public Health Laboratory located at the Royal Hampshire County Hospital, Winchester (telephone: 3807). The Director of the Public Health Laboratory is Dr. H.T. Findlay. Chemical analyses, e.g. of water, sewage, etc. are carried out by the Analyst employed by Southampton County Borough Council.

Ambulance Service.

Under Section 27 of the National Health Service Act, the County Council is required to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness and mental deficiency, or expectant or nursing mothers, from places in their area to places in or outside their area.

The district is served by ambulances stationed at Winchester (main station), Eastleigh, Romsey, Broughton, Andover, Whitechurch, Basingstoke, Alton and Hedge End (sub-stations). The control point for the district (excepting the parishes of Botley, Bursledon, Hamble, Hedge End, Hound and West End) is the main station at Kingsley Place, Stanmore, Winchester (telephone: 2536). For the six southern parishes the control point is the main station at Fareham (telephone: Fareham 2170). Calls for ambulances are not accepted at the sub-stations.

If an ambulance is required in an emergency, the caller should ask for "Ambulance" and the telephone exchange will connect with the nearest main station immediately. The station will then deal with the call by sending the nearest available ambulance.

Hospitals.

In July, 1948, practically all hospitals were transferred to the Ministry of Health and put under the control of the Regional Hospital Boards; in the case of Hampshire, under the South-West Metropolitan Regional Hospital Board. The Board is again divided into areas and the Hospital Management Committees have been established for local administration.

To assist in admissions, a Bed Service Office has been set up at the Royal Hampshire County Hospital, Winchester. This office serves, among others, the following:

- Royal Hampshire County Hospital, Winchester.
- War Memorial Hospital, Andover.
- Crabwood Smallpox Hospital, Winchester.
- Victoria Hospital, Winchester.
- St. Paul's Hospital, Winchester.

The following procedure applies for the admission of

(a) Acutely Ill Patients.

Doctors may apply direct to the hospital of their choice for the admission of such a patient. In the event of difficulty, or if they require assistance, they apply to the Winchester Bed Service Office. This office is open day and night (telephone: Winchester 2261 and 2262 (between the hours of 8 a.m. and 10 p.m.) or Winchester 5151 (between the hours of 10 p.m. and 8 a.m.)). Demands for beds can be made there at any time.

(b) Chronic Sick.

There is a shortage of beds for such patients and it is therefore necessary to take into consideration the social as well as the medical condition of the patients.

In the event of a bed not being vacant, the Winchester Bed Service will place the patient's name on the waiting list and indicate medical or social priority, as the case may be. In the area of the Winchester Goup Hospital Management Committee, if the predominant need for admission is on social grounds, the Hospital Social Worker will investigate the home conditions. As soon as a vacancy is found for the patient, the practitioner is informed and asked to confirm that admission is still required and that the patient can travel by ambulance. On receipt of such confirmation, arrangements for the transfer of the patient to the hospital will be undertaken by the Winchester Bed Service.

The County Welfare Officer has still a great deal to do with the home conditions of persons who are old or handicapped. If it is found that a person who had originally asked to be considered for admission to an Old People's Home is really a hospital case the patient's medical practitioner is advised to place the person's name on the hospital waiting list and, in urgent cases, to call in the Geriatric Physician attached to the local Hospital Group area.

(c) Infectious Diseases.

Cases of infectious disease from the northern and central areas of this District are admitted to the Victoria Hospital, Winchester, situated within the City of Winchester. From the southern area they go to the Southampton Isolation Hospital.

It is not the intention that uncomplicated cases of measles, chicken-pox, scarlet fever, german measles or mumps shall be admitted to infectious diseases hospitals unless the Medical Officer of Health supports such admissions. Applications should, in such cases, be made through the Medical Officer of Health.

Suspected cases of smallpox are reported in the first instance to the local Medical Officer of Health, who will arrange admission, if necessary, by notifying, in this area, the County

Medical Officer.

(d) Maternity.

Arrangements for urgent admission of abnormal cases are made by the general practitioner through the maternity department of the hospital. Non-urgent cases are seen at a consultant antenatal clinic. Patients for whom admission is required on social grounds are referred by general practitioners to the County Medical Officer.

(e) Psychiatric Cases.

Doctors normally make an appointment for the patient to be seen at an appropriate hospital. In acute cases, where urgent action is required, and provided the patient is willing to enter hospital as a voluntary patient, arrangements should be made direct with the mental hospital concerned. Should the patient be unwilling to enter hospital, the assistance of the Duly Authorised Officer is sought. He will make any necessary arrangements for the patient's admission to a mental hospital or a hospital recognised for the purpose of a three-day Order. Information concerning officers in this District may be obtained from the County Medical Officer.

(f) Mental Defectives.

Where institutional care is required, the County Medical Officer approaches the appropriate institution according to the recognised catchment area arrangements made by the Regional Hospital Board.

(g) Tuberculosis.

All recommendations for the admission of tuberculous patients are normally made through the chest physicians, who make appropriate recommendations concerning sanatorium or other treatment.

(h) Convalescence.

Applications for convalescent treatment are normally made through the Hospital Service.

Specialist Services in the Home.

Consultants and specialists are available for domiciliary consultations in those cases in which the patient's condition renders it essential on medical grounds.

Mass Miniature Radiography.

Information regarding the services available can be obtained from the Medical Director, Mass Radiography Centre, Archers Road, Southampton.

Clinics.

Clinics are held as follows:-

(a) Antenatal Clinics.

EASTLEIGH	... Red House, Romsey Road	... 1st, 2nd and 3rd Mon- days at 2 p.m.
HAMBLE	... Memorial Hall	... 4th Wednesday at 2 p.m.
WEST END	... Parish Hall	... 1st Tuesday at 2 p.m.

(b) Child Welfare Clinics.

<u>Centre</u>	<u>Hall</u>	<u>Days.</u>
ALRESFORD	... Methodist Church Hall	... 1st and 3rd Tuesdays
CHERITON	... Parish Hall	... 1st and 3rd Fridays
CRAWLEY	... Village Hall	... 2nd Friday
ITCHEN ABBAS	... Village Hall	... 2nd Thursday
KING'S WORTHY	... British Legion Hall	... 2nd and 4th Thursdays
MICHELDEVER	... Northbrook Hall.	3rd Thursday
SUTTON SCOTNEY	... Victoria Hall	... 3rd Tuesday
WORTHY DOWN	... Naval Social Club Room	... 2nd and 4th Mondays
COLDEN COMMON	... Parish Hall	... 2nd Tuesday
OWSLEBURY	... Village Hall	... 1st Thursday
TWYFORD	... The Surgery, Queen Street	... 1st Tuesday
BOTLEY	... The Catherine Wheel	... 1st and 3rd Wednesdays
BURSLEDON	... Parish Hall	... 3rd Tuesday
FAIR OAK	... Women's Hall	... 2nd and 4th Thursdays
HAMBLE	... Memorial Hall	... 2nd and 4th Mondays
HEDGE END	... St. Johns Rooms	... 2nd and 4th Tuesdays
NETLEY	... Jubilee Hall	... 1st and 3rd Wednesdays
NETLEY	... Royal Victoria Hospital	... 1st Monday
OLD NETLEY	... Old Reading Rooms	... 1st and 3rd Thursdays
WEST END	... Parish Hall	... 2nd and 4th Wednesdays

(All Child Welfare Clinics are
held from 2 p.m. to 4 p.m.)

(c) Tuberculosis Clinics.

WINCHESTER	... County Medical Department, The Castle, Winchester	... Wednesdays and Thursdays at 10 a.m. Wednesdays at 2.30 p.m. for new cases.
EASTLEIGH	... The Mount Sanatorium, Bishopstoke	... Tuesdays and Fridays at 9.30 a.m. Tuesdays at 2 p.m. for new cases.

(d) Venereal Diseases Clinics.

WINCHESTER	... Royal Hampshire County Hospital	... Males: Saturdays at 10 a.m. Females: Tuesdays at 2 p.m.
SOUTHAMPTON	... Males: 1, Cardigan Road (off New Road)	... Daily at 9 a.m. Mondays to Fridays at 5 p.m.
	Females: Health Centre, Kings Park Road	... Mondays at 10 a.m. Tuesdays, Thursdays and Fridays at 2 p.m.

School Health Services.

(e) Minor Ailments Clinics.

Cases attend clinics at Eastleigh and Winchester as follows:

EASTLEIGH	... Red House, Romsey Road	... Fridays at 9.30 a.m.
WINCHESTER	... 4, The Square	... Mondays, Tuesdays and Thursdays, 9 a.m.

(f) Orthopaedic Clinics.

Cases attend clinics at Alton, Eastleigh, Fareham, Southampton and Winchester.

(g) Ear, Nose and Throat Clinics.

Cases attend the following:

Royal Hampshire County Hospital, Winchester.
Royal South Hants Hospital, Southampton.
The Children's Hospital, Southampton.

(h) Dental Clinics.

Clinics are held in various centres for treatment of local children.

(i) Child Guidance Clinics.

Cases attend by appointment at the following Centres:

EASTLEIGH ... Red House, Romsey Road

WINCHESTER ... Trafalgar House, Trafalgar Street

(j) Ophthalmic Clinics.

Cases attend by appointment at the following Centres:

EASTLEIGH ... Red House, Romsey Road

WINCHESTER ... Trafalgar House, Trafalgar Street

(k) Speech Therapy Clinics.

Cases attend clinics at Winchester and Southampton by arrangement with the County Medical Officer.

NURSING IN THE HOME.

The names of the District Nurses, Midwives and Health Visitors who practise in the District under the direction of the County Medical Officer; are shown in the following table:

District Nurse	District Served	Health Visitor
Mrs. O.C. Tomkins, S.R.N., S.C.M. 16, Wood Lane Close, Bramdean. Tel: Bramdean 204	Beauworth Bramdean Cheriton Kilместon Tichborne	Miss B. Reynolds
Miss S.J. Adams, S.R.N., S.C.M., Q.N. 2, Meryon Road, Alresford Tel: Alresford 150	Bighton Bishops Sutton New Alresford Northington Old Alresford	
Miss E. Willey, S.C.M., 2, New Council Houses, Itchen Stoke. Tel: Itchen Stoke 284	Itchen Stoke and Ovington Avington and Itchen Abbas	
	Chilcombe	Miss E.K. Wilton
	Martyr Worthy and Easton	Mrs. A. Noble
Miss F.M. Calvert, S.R.N., S.C.M., 7, Tovey Place, King's Worthy. Tel: Winchester 4884	Abbotts Barton King's Worthy Headbourne Worthy	
Miss J. Maskery, S.C.M., 461, Fair Oak Road, Fair Oak. Tel: Fair Oak 71	Crawley Littleton	Miss E.K. Wilton
	Colden Common	Miss E.J. Read
	Fair Oak	
Miss J.B. Wayment, S.R.N., S.C.M., Q.N., Nurses Cottage, Twyford. Tel: Twyford 3114	Otterbourne	Miss B.M. Watson
	Compton	Miss B. Reynolds
	Owslebury	
Miss Hughes, S.R.N., S.C.M., Q.N. (General Nursing), 13, Taplings Road, Weeke, Winchester. Tel: 3117 Mrs. Sandys, S.R.N., S.C.M. (Midwifery), 22, Fleming Road, Weeke, Winchester. Tel: 3855	Twyford	Miss E.K. Wilton
	Sparsholt	

Nursing in the home (continued)

District Nurse	District Served	Health Visitor
Miss Dabner, S.R.N., S.C.M. (Gen. Nursing), 13, Taplings Road, Winchester. Tel: 3117 Mrs. H. Oliver, S.C.M., (Midwifery), 18, Minden Way, Winchester. Tel: 2545	Hursley	Miss B.M. Watson
Miss G. Wagstaffe, S.R.N., S.C.M., Q.N., The Beeches, Sutton Scotney. Tel: Sutton Scotney 203	Micheldever	Mrs. J. Hutchinson
	Wonston	Miss E. Brady
Miss D. Stoyell, S.C.M., "Leehurst", Botley. Tel: Botley 15	Botley	Miss P. Jenkins
Mrs. G.G. Morgan, S.R.N., S.C.M., 10, St. Catherine's View, Hedge End. Tel: Botley 239	Hedge End	
Miss A. White, S.C.M., Glebe Farm, Horton Heath. Tel: Fair Oak 81	West End	
Miss B. Spiers, S.R.N., S.C.M., Q.N., 12, Queen's View, Netley Tel: Hamble 3281.	Hound	Miss E. Chick
Miss F.M. Dane, S.C.M., 1, Jarvis Fields, Bursledon. Tel: Bursledon 364	Bursledon	
Miss M. Morton, S.R.N., S.C.M., Q.N., 46, Verdon Avenue, Hamble. Tel: Hamble 2193	Hamble	

All the above Health Visitors are State Registered Nurses, State Certified Midwives and hold the Certificate of the Royal Society of Health.

STATISTICS OF THE AREA.

Area	...	...	...	109,612 acres
Rateable value as at 31st December, 1955	...	...	...	£304,897
Sum represented by a penny rate	...	...	...	£1,183
Population	...	...	...	41,450
Number of inhabited houses	...	...	...	12,304

GENERAL FEATURES

This is the largest Rural District in Hampshire, extending for some twenty-four miles from north to south and some fifteen miles from east to west at its broadest part.

Topographically, the area is remarkably diversified. It embraces the valley of the River Itchen from its source in the north-east to its mouth at Southampton. To the north of Winchester the country is open and rolling and predominantly chalkland. South of Winchester the chalk dips down and the London clay comes to the surface at Fishers Pond and Colden Common. The boundary to the southern half is Southampton Water and the Port of Southampton; further north, it skirts the Borough of Eastleigh. The southern part of the district is in character urban, the needs of which, from the local authority point of view, are different from the northern and more rural parishes. These contrasts create special problems for the Council.

The whole district is mainly agricultural, but, whereas in the north and east the land is mainly arable, in the parishes of Botley, Bursledon, Fair Oak, Hedge End, Hound, and West End, there is a large proportion of market gardening, smallholdings and fruit-growing areas. In the Itchen Valley, which extends the whole length of the district, there is an area of land devoted to dairy farming and in the parishes of the upper part of this valley there are areas devoted to water-cress growing. In the south there are several industries, namely, Folland's Aircraft, Fairey Aviation and Shell-Mex and several boat-building firms at Hamble and Bursledon. Across Southampton Water, in the New Forest Rural District, is situated the Esso Oil Refinery.

VITAL STATISTICS.

Live Births.

	1955			1954		
	M.	F.	Total	M.	F.	Total
Live births (legitimate) ...	351	299	650	338	336	674
Live births (illegitimate)...	<u>12</u>	<u>19</u>	<u>31</u>	<u>17</u>	<u>11</u>	<u>28</u>
Totals ...	<u>363</u>	<u>318</u>	<u>681</u>	<u>355</u>	<u>347</u>	<u>702</u>

The Live Birth Rate per 1,000 of the estimated population was 16.4 compared with 15.0 for the whole of England and Wales. The figure for the district for 1954 was 16.3 per 1,000 population.

In order to compare the local birth rate with that of other areas it is necessary to apply a comparability factor, which, for this district, is 1.10. The standard birth rate is therefore 18.0.

Still Births.

	1955			1954		
	M.	F.	Total	M.	F.	Total
Still births (legitimate) ...	7	6	13	7	5	12
Still births (illegitimate) ...	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>-</u>	<u>1</u>
Totals ...	<u>8</u>	<u>8</u>	<u>16</u>	<u>8</u>	<u>5</u>	<u>13</u>

The Still Birth Rate per 1,000 total births was 22.9, compared with 23.1 for the whole of England and Wales.

Deaths.

Male ...	...	317
Female ..	...	<u>306</u>
Total ...	...	<u>623</u>

Excluding deaths among patients in Moorgreen Hospital, but including those whose place of residence before admission was within the Rural District, the total number of deaths for 1955 was 429, a decrease of forty-five on 1953 and an increase of five on 1954.

The change in the rules governing the transferability of deaths, introduced at the beginning of 1953, has significantly affected the crude and adjusted local death rates in those areas which contain comparatively large chronic sick hospitals. The mortality risk among the inmates of Moorgreen Hospital is

undoubtedly higher than in the remainder of the Rural District's population as a whole. The following table shows the position:

Death Rate	1955			1954
	Winchester Rural District		England and Wales	Winchester Rural District
	Including Moorgreen Hospital	Excluding Moorgreen Hospital		
Crude	15.0	10.3	11.7	9.9
Standardised	13.2	9.1		8.7

Number of deaths (including
patients in Moorgreen Hospital) ... 623

Number of deaths (excluding patients
in Moorgreen Hospital, whose
place of residence before
admission was not within the
Winchester Rural District) ... 429.

The following table shows the causes of death:

Cause of death				Male	Female
1.	Tuberculosis, respiratory	...	...	3	1
2.	Tuberculosis, other	...	...	1	-
3.	Syphilitic disease	...	...	2	-
4.	Diphtheria	...	...	-	-
5.	Whooping Cough	...	...	-	-
6.	Meningococcal infections	...	...	-	-
7.	Acute poliomyelitis	...	...	-	-
8.	Measles	...	...	-	-
9.	Other infective and parasitic diseases	...	...	2	-
10.	Malignant neoplasm, stomach	...	...	5	4
11.	Malignant neoplasm, lung, bronchus	...	...	14	4
12.	Malignant neoplasm, breast	...	...	-	6
13.	Malignant neoplasm, uterus	...	...	-	3
14.	Other malignant and lymphatic neoplasms	..	..	20	22
15.	Leukaemia and aleukaemia	...	...	2	1
16.	Diabetes	...	...	-	4
17.	Vascular lesions of the nervous system	...	...	35	43
18.	Coronary disease, angina	...	...	41	25
19.	Hypertension with heart disease	...	...	13	12
20.	Other heart disease	...	...	67	83
21.	Other circulatory disease	...	...	18	17
22.	Influenza	...	...	-	-
23.	Pneumonia	...	...	17	9
24.	Bronchitis	...	...	16	9
25.	Other diseases of the respiratory system..	...	...	3	1
26.	Ulcer of stomach and duodenum	...	...	4	1
27.	Gastritis, enteritis and diarrhoea	...	...	1	2
28.	Nephritis and nephrosis	...	...	3	1
29.	Hyperplasia and prostate	...	...	3	-
30.	Pregnancy, childbirth, abortion	...	...	-	-
31.	Congenital malformations	...	...	1	2
32.	Other defined and ill-defined diseases	...	...	31	48
33.	Motor vehicle accidents	...	...	6	2
34.	All other accidents	...	...	6	5
35.	Suicide	...	...	3	-
36.	Homicide and operations of war	...	...	-	1
Total (all causes) ...				317	306

Infant Mortality.

This is defined as the deaths under one year of age registered in the calendar year per 1,000 live births.

Deaths of infants under one year of age were as follows:

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate ...	...	9	7	16
Illegitimate ...	...	-	-	-
Totals	...	<u>9</u>	<u>7</u>	<u>16</u>

The following table shows the age and cause of deaths in infants:

Cause	Under 1 week	1 - 2 weeks	3 - 4 weeks	1 - 6 months	6 - 12 months	Total under 1 year
Prematurity ...	6	2	-	-	-	8
Birth Injury ...	1	-	-	-	-	1
Congenital abnormalities..	1	1	-	1	1	4
Infection ...	-	-	-	2	-	2
Other ...	1	-	-	-	-	1
Totals ...	9	3	-	3	1	16

In two instances, prematurity was accounted for by known maternal causes, but in six, the cause was not established.

It is of value to analyse the infant deaths. Of the sixteen deaths in the first year of life, twelve occurred in the first month; of these, nine occurred in the first week; of these nine, eight had occurred by the end of the first day. The greatest single cause of death was prematurity. Responsible as it was for nearly 4,000 deaths in the first day of life in England and Wales during 1953, the problem is of great economic and social importance.

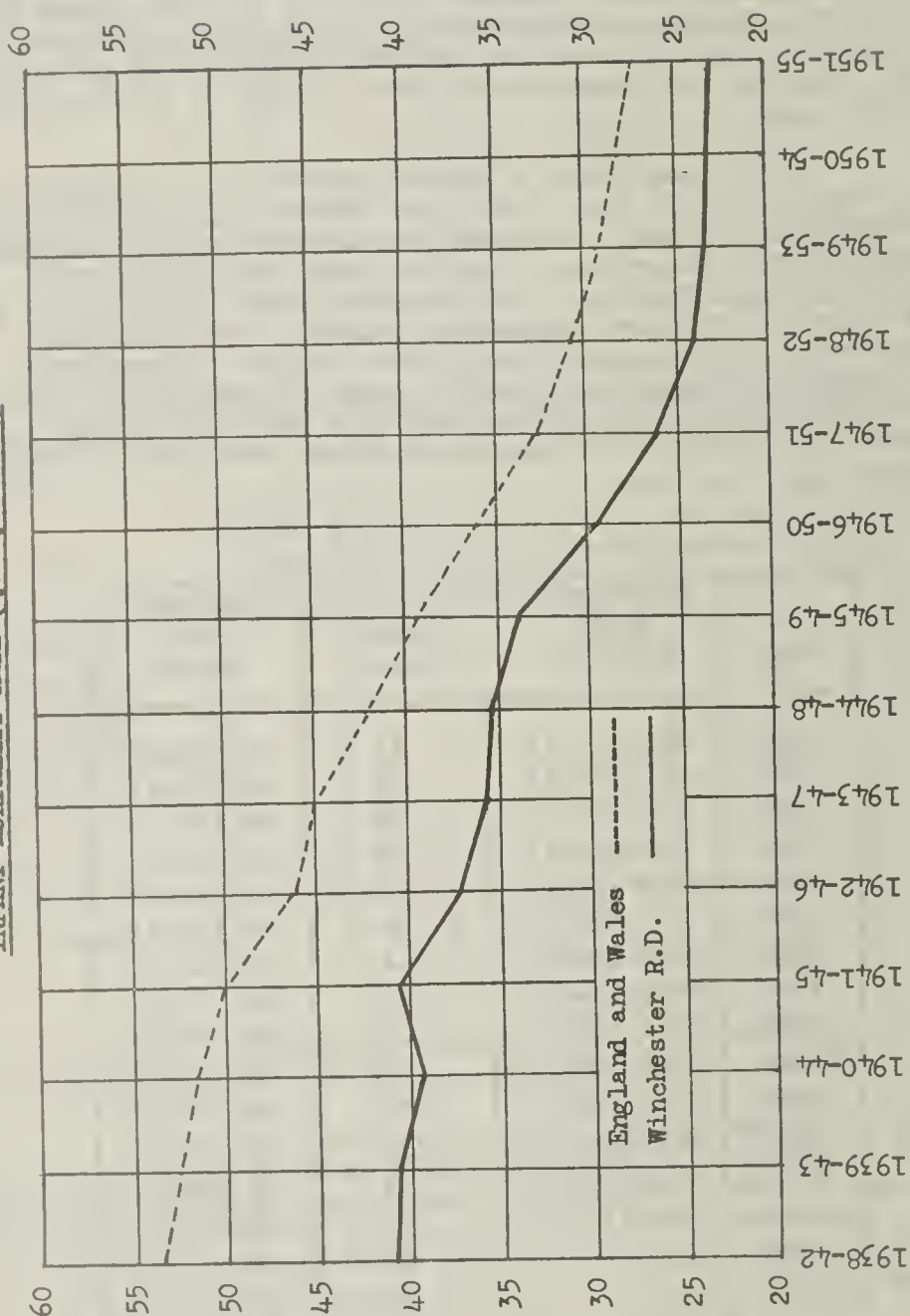
The neo-natal deaths are those which take place within the first month of independent existence. Although considered among the infant deaths, they are, in so far as their causes are concerned, related to the antenatal group of deaths. Methods for the control of still births and neonatal deaths are in general the same. Most of the infant deaths occur usually in the first month of life.

The death rate of infants under one year of age in this district was 23.5 per 1,000 live births, compared with 24.9 for England and Wales. As this rate is based on small numbers, comparison with other areas or earlier years may have little statistical significance. The same rate taken over a period of five years is considered reasonably reliable. The following table shows the rate since 1940 in this district compared with the rates in the great towns and the rates for England and Wales. The figures in brackets and the graph show the rate for the district as compared with England and Wales, each over a five year period:

Year	Winchester Rural District	Great Towns	England and Wales
1940	48.3 (40.7)	61	56 (53.6)
1941	46.5 (40.5)	71	60 (52.8)
1942	36.4 (39.2)	59	49 (52.0)
1943	35.8 (40.3)	58	49 (50.0)
1944	29.2 (37.1)	52	46 (46.6)
1945	53.7 (35.7)	54	46 (45.0)
1946	30.5 (35.2)	46	43 (42.0)
1947	29.3 (34.6)	47	41 (39.2)
1948	33.7 (29.0)	39	34 (36.0)
1949	25.8 (26.3)	37	32 (33.4)
1950	25.8 (24.1)	34	30 (30.8)
1951	16.8 (23.7)	34	30 (29.4)
1952	18.2 (23.4)	31	28 (28.2)
1953	31.8 (22.9)	31	27 (27.2)
1954	24.2	29	26
1955	23.5	28	25

The average infant mortality rate in this district for the years 1901 - 1905 was 67.5.

INFANT MORTALITY RATE (QUINQUENNIAL)



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The following table shows the incidence of commoner infectious diseases since 1942:

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Infantile Paralysis	Erysipelas	Enteric Fever	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Dysentery
1942	4	57	16	149	37	7	1	6	-	2	7	-
1943	2	63	27	562	142	10	2	17	-	-	6	23
1944	2	55	15	61	49	4	-	5	1	2	9	1
1945	2	49	23	675	115	3	1	8	-	1	1	-
1946	2	38	25	75	72	1	-	9	-	2	4	-
1947	-	27	18	448	49	1	11	5	-	1	3	-
1948	-	25	8	371	135	2	1	1	-	-	1	-
1949	1	27	21	634	91	-	6	1	-	-	1	-
1950	-	29	10	42	224	-	1	7	-	-	-	-
1951	-	12	13	1,044	195	1	-	4	-	1	-	26
1952	-	26	9	262	167	1	-	5	-	1	-	1
1953	-	55	11	1,323	154	2	6	2	-	1	-	2
1954	-	19	6	12	226	-	-	3	1	-	-	22
1955	-	14	5	755	97	1	1	2	-	-	-	4

The following table shows the rate of incidence per 1,000 population of certain infectious diseases in the district compared with the rates for the whole of England and Wales:

Disease	Winchester R.D.	England and Wales
Diphtheria	nil	0.00
Scarlet Fever	0.34	0.73
Pneumonia	0.12	0.62
Infantile Paralysis .	0.02	0.14
Enteric Fever	nil	0.02
Measles	18.21	15.61
Whooping Cough	2.34	1.77
Erysipelas	0.05	0.10

Measles.

The number of corrected notifications of measles was 755, representing an attack rate for the district of 18.21 per 1,000 population, compared with 12 notifications and a rate of 0.28 per 1,000 population for 1954 and with 1,323 notifications and a rate of 27.47 for 1953. As with whooping cough, measles attacks infants and children; the age distribution of the cases in 1955 was as follows:-

	Age					
	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10-14 years	Over 15 years
Number of cases	16	121	190	404	17	7
Percentage of total cases	2.2	16.0	25.1	53.5	2.3	0.9

No deaths occurred from measles but much childhood ill-health must result from its complications. Each year, more parents are realising the seriousness of measles and failure to call in medical assistance is lessening. The Health Visitor in particular cases can play a large part in advising in the home.

The parishes in which measles was most prevalent, with the attack rates per 1,000 of the population, were as follows: Bramdean 50.8; Colden Common 48.6 and Fair Oak 36.3.

It is a pertinent comment that there would appear to be

certain medical practices where measles, in so far as Section 144 of the Public Health Act, 1936 is concerned, is absent.

Whooping Cough.

Whooping cough was less rife in 1955 and the number of notifications was the lowest for six years. Final corrected notifications totalled 97, compared with an annual average over the last ten years of 143. The incidence was highest during the months of June to August; the peak was in June. As with measles, much ill-health can result from the disease and parents are becoming increasingly aware of the need to seek early medical advice. Since the inception of the National Health Service, with removal of the financial obstacle, there is less reluctance to call in the doctor. In this condition, the Health Visitor has a part to play in offering advice in selected families.

The attack rate in the district was 2.34 per 1,000 population in 1955, compared with 5.31 in 1954. The parishes which experienced the highest incidence in 1955, with the attack rates per 1,000 of the population, were as follows: Otterbourne 8.8; Bursledon 7.8 and Wonston 6.2. The age distribution was as follows:-

	Age					
	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10-14 years	Over 15 years
Number of cases	10	19	25	39	3	1
Percentage of total cases	10.3	19.6	25.8	40.2	3.1	1.0

Immunisation: In May, whooping cough immunisation facilities became available at Child Welfare Centres. At the same time, payment to doctors for submission of record cards was approved. The new scheme puts whooping cough immunisation very much on the same lines as diphtheria immunisation. The Local Health Authority pays family doctors for records pertaining to children under five years of age given either single or combined treatment; in addition, records of "boosting" doses given to children over five merit payment provided the immunisation includes a "boost" against diphtheria.

In view of the fact that the best time for immunisation of children against whooping cough is about the age of three to four months, the propaganda now suggests that immunisation against both diseases should be considered, not at six months, but earlier; publicity material has been amended accordingly. Arrangements were

made for health visitors and voluntary organisations to receive full details and an article on the subject appeared in the local press. By the end of the year, records of immunisations totalled 261.

Scarlet Fever.

The number of corrected notifications (14) was, with the one exception of 1951 (12), the smallest number since 1932. The infection continues to be mild and no case was admitted to isolation hospital. This nursing at home is a great saving both economically to the community and in the use of nursing staff.

The incidence was highest in December. The attack rate was 0.34 per 1,000 population, compared with a national incidence of 0.73. Nearly 86% of the notifications occurred in children under ten years of age; the age distribution was as follows:

	Age					
	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10-14 years	Over 15 years
Number of cases	-	2	3	7	1	1
Percentage of total cases	-	14.3	21.5	50.0	7.1	7.1

The parish mainly affected was Hound.

No death is reported to have occurred from scarlet fever.

Dysentery.

Only four cases were notified during 1955, a figure which it is certain gives a far from true picture of the incidence. Information occasionally reaches the Health Department in other ways, when steps can be taken to investigate the source of the infection. Not infrequently, however, one is faced with the tedium of repeated examinations over long periods of positive carriers who continue to harbour the organism despite treatment. In some, one is forced to rely, in the prevention of spread, on the practising of strict personal hygiene by the carriers.

Dysentery is an enigma; although it is generally accepted that flies play their part in its spread, there is little doubt that poor personal hygiene is more important; the need for thorough cleanliness both of the person and in the preparation and handling of food must be repeatedly emphasised.

Acute Poliomyelitis.

Corrected notifications of acute poliomyelitis diagnosed in the district during the year numbered only one. There were, however, nine cases admitted for purposes of diagnosis and treatment to hospitals outside the area and, by a ruling of the Registrar-General these cases must be "notified to the Medical Officer of Health for the district in which the patient is at the time the disease is diagnosed and included in the returns for that district whether or not the patient is normally resident there."

Though particulars of these cases are received at a later date, the case never appears in the statistical return of infectious diseases in this district made to the Registrar-General. The true incidence of the disease is therefore 0.24 per 1,000 population; of the ten cases, six were paralytic. No death occurred.

The incidence was in the following months: July (1), August (1), September (2), October (3), November (2) and December (1) and the parishes affected were: Botley (2), West End (2), Bursledon (1), Chilcombe (1), Cheriton (1), Hamble (1), Micheldever (1) and Otterbourne (1). The distribution was slightly more prevalent in females. Five of the cases occurred in patients over five years of age, confirming that "infantile paralysis" is a misnomer. Of the six patients who showed some degree of paralysis, four were transferred from isolation hospital to an orthopaedic unit for further treatment.

Much research is carried out both abroad and in this country. Though our knowledge of the organism causing the disease is fairly complete, we are not yet certain about the method of spread and many vehicles of infection have been suspect. Attempts at control, in the absence of definite information about ways of dissemination, have to be on general lines and include isolation of the case and supervision of his contacts during the time the disease was developing. Far too much publicity is given by the press to the occurrence of individual cases.

Great endeavour has been made to produce a preparation which will satisfactorily immunise the child population. Trials have been carried out in America and early 1956 has seen the beginning of a scheme by the Ministry of Health.

Diphtheria.

For the ninth successive year, no case has occurred in the rural district; fifty years ago, from a population of one-fifth of the present, eight cases occurred, one being fatal. In 1939 there were 23 cases. The estimated percentage of children under fifteen years of age immunised in the district is 83.8. The vast majority are being treated before admission to school. The number

of primary immunisations given to children of school age was 110; the aim is to secure that primary inoculations are given in pre-school years and, most desirable, before the end of the first year of life.

The following table shows the number of cases and the number of children immunised annually since 1941:

Year	Number of children immunised				Number of cases	
	Primary			Boosts	Winchester Rural District	England and Wales
	Under 5	Over 5	Total			
1941	399	3,173	3,572	-	13	50,797
1942	423	468	911	-	4	41,404
1943	486	262	748	-	2	34,622
1944	481	220	701	-	2	23,199
1945	459	137	596	21	2	18,596
1946	491	322	813	38	2	11,896
1947	549	198	747	608	-	5,609
1948	754	254	1,008	1,510	-	3,575
1949	660	219	879	919	1	1,890
1950	639	116	755	824	-	962
1951	686	78	764	861	-	664
1952	672	117	789	1,020	-	376
1953	680	91	771	1,527	-	266
1954	632	195	827	1,122	-	173
1955	540	110	650	1,095	-	161

Of the estimated child population under five years of age, 61.2% have been immunised; of those between five and fifteen years, 94.4% have been immunised.

It will be noted that there is a decrease in the number of children receiving primary immunisations. The explanation of the drop lies in the transfer of population to Southampton County Borough with the adjustment of the local government boundary. The decrease in immunisation corresponds with the decrease in population. The figure of 110 for children immunised after the age of five is too high. Thus, for various reasons, about 17% of parents are failing to recognise the value of immunisation in the first year of life. Too many await the child's admission to school, not realising that diphtheria can strike during the pre-school years. The number of "boosting" doses continues at a satisfactory level.

Administration of the scheme.

Pre-school children: a list of births is compiled from the returns of the registrars and from notifications of births sent to me by the County Medical Officer.

When a child reaches the age of three months, a card is sent to the parents containing information and a detachable consent card. Parents complete this card, stating whether they wish their child immunised by their own doctor or at a child welfare centre. Where their own doctor is preferred, details are sent to him requesting him to carry out this treatment. Where the parents wish to have the child immunised at a welfare centre, the details are sent to the doctor in charge of the centre; cards are returned to this office when the treatment has been completed.

School children: at approximately yearly intervals, consent cards are sent to each school in the Rural District and distributed to the children. These cards are completed by the parents if they require the child to be immunised or to receive the single re-immunising dose. The cards are returned to the head teacher of the school and forwarded to the health department. Arrangements are then made for immunisation clinics to be held at the school.

Publicity.

Propaganda efforts are continuous; leaflets and cards are sent to parents; the health visitors keep constantly in mind the need to urge them to have their children immunised; advertisements of immunisation clinics are inserted in the local press, but apathy is increasing. A generation of parents who have never heard of a case of diphtheria exists and it seems to be too much trouble for them to take their children to the family doctor or clinic.

Tuberculosis.

Tuberculosis is a notifiable disease. Practitioners may notify the Health Department on the appropriate form; in some cases the patient may remove into the district and this case is notified by the former local authority; sometimes the information comes indirectly.

The advantage of notification is that special attention can be given without delay; the house is visited by the tuberculosis visitor, who ascertains the contacts and the housing conditions.

In cases of non-pulmonary tuberculosis, investigation may, if necessary, be carried out regarding the milk supply.

In England and Wales during 1955, the death rate from all types of tuberculosis was 0.15 per 1,000 population; in this district it was 0.12 per 1,000 population.

The following table refers to new cases, cases transferred to the district and mortality during the past seven years:

Year	New Cases					Transferred to District					Deaths				
	Pulmonary		Non-pulmonary		Total	Pulmonary		Non-pulmonary		Total	Pulmonary		Non-pulmonary		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
1949	21	9	3	4	37	11	1	-	1	13	4	4	2	1	11
1950	18	3	3	3	27	5	4	-	1	10	11	4	1	-	16
1951	12	17	5	5	39	8	2	-	2	12	6	1	1	2	10
1952	10	19	2	2	33	4	2	1	-	7	6	3	-	-	9
1953	13	16	3	1	33	6	7	1	1	15	5	3	-	-	8
1954	15	12	5	6	38	8	6	1	1	16	1	-	-	1	2
1955	14	10	4	2	30	4	11	-	-	15	3	1	1	-	5

Notifications of new cases total 30; the number of cases transferred to the district total 15. Figures are small and comparisons possibly misleading. The number of new cases is the smallest since 1950, accounted for mainly by a fall from six to two having occurred in female non-pulmonary tuberculosis. Despite the dramatic reduction of the death rate in recent years, this has not been accompanied by an equal proportionate fall in the number of notifications. It is thus clear that Mass Miniature Radiography is bringing to light many early cases which were previously unknown. The increasing number of tuberculous people presents a serious problem and numerous sources of infection to others in the community.

The number of new cases, according to age, notified during the year, is shown in the following table:

Age	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
Under 1 year ...	-	-	-	-	-
1 - 4 years ...	-	-	1	-	1
5 - 14 years ...	-	-	1	-	1
15 - 24 years ...	2	2	2	1	7
25 - 34 years ...	6	1	-	-	7
35 - 44 years ...	2	3	-	-	5
45 - 54 years ...	2	4	-	1	7
55 - 64 years ...	1	-	-	-	1
65 years and over	1	-	-	-	1
Totals	14	10	4	2	30

The following table shows the position at 31st December, 1955 compared with the position at the 31st December, 1954; periodic scrutiny of the register is made to ensure that the numbers are as accurate as possible; the criterion for removal from the register may be a matter of opinion.

	Pulmonary			Non-pulmonary			Total
	M.	F.	Total	M.	F.	Total	
Number on register at 31st December, 1954	126	77	203	17	21	38	241
Additions during year	18	21	39	4	2	6	45
Removals during year	25	8	33	2	2	4	37
Number on register at 31st December, 1955	119	90	209	19	21	40	249

Mass Miniature Radiography.

The use of mass miniature radiography has brought to light many early cases. The visit paid by the mobile X-ray unit to factories, schools and centres of population has given the opportunity for X-ray examination without any great effort on the part of the public.

During the period 1st - 25th February, the Southampton Mass Miniature Radiography Unit visited Winchester and it is reasonable to assume that the 7,000 people examined represented a proportion from the neighbouring villages of this district. The survey was held during an extremely cold spell of weather. Twenty-one cases of active pulmonary tuberculosis were discovered. The incidence per 1,000 in Winchester and District of new cases of active pulmonary tuberculosis found was 2.91 compared with a general public incidence of 3.13.

Bacille Calmette Guerin (B.C.G.)

In prevention, of the many preparations used for inoculation, only one, B.C.G., has been adopted on a wide scale. The Minister of Health has now extended the arrangements to include the offering of B.C.G. vaccination to older school children. During 1955, a start has been made on the B.C.G. vaccination scheme for thirteen-year-old schoolchildren. B.C.G. vaccination is also carried out by Chest Physicians in appropriate contacts in the community.

The Sanitary Inspector and the Health Visitor continue to play a large part in prevention, particularly in their emphasis on the domestic hygiene to be observed by the patient and in their effort to have all the "contacts" of the case examined by the Chest Physician - and "contacts" are not limited to the family. Unlike the patient discharged from a sanatorium, the fresh case has little knowledge of the hygiene and prevention of spread and there is, therefore, a greater risk to others. The Housing Committee of this Council appreciate the difficulties and cases of tuberculosis requiring alternative housing accommodation are given top priority. During the year several such cases were rehoused, but good housing is about as essential to the healthy as to the tuberculous. With the influx of cases from the Southampton district and with the expansion of industry in the southern parishes, the Council's task is onerous.

FOOD HYGIENE.

The propaganda methods employed to encourage clean food handling have continued unchanged. The adopted model byelaws were circulated to all occupiers of food premises. Their purpose is to secure the "observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption". By means of letters, leaflets and adhesive labels, all incorporating advice, the essential points have been brought to the notice of the great majority of food handlers in the district.

During the year there was one reported outbreak of food poisoning in a village. This small occurrence, affecting five people and taking place as it did in a house with a high standard of cleanliness and the amenity of a refrigerator, emphasised the point that personal hygiene is of paramount importance.

Food and Drugs Act, 1955.

This consolidating Act was laid before Parliament towards the close of the year and came into force on 1st January, 1956. It repeals the 1954 Act and consolidates it together with the Food and Drugs Act, 1938 and the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950. It also introduces some modifications in the existing law in addition to changing procedure, in particular with regard to the taking of samples and giving of evidence. For the purpose of taking samples in connection with the sale of food, the supply of food at any place in the course of business is deemed to be a sale of food and the definition of "business" has been extended to include the undertaking of a canteen, club, school, hospital or institution, whether carried on for profit or not, and any undertaking or activity carried on by a Public or Local Authority. It can, therefore, be assumed that any establishment in which food is supplied by way of sale or for consumption, whether for profit or not, has been brought under control.

Under the new Act, the Minister of Agriculture, Fisheries and Food and the Minister of Health made the Food Hygiene Regulations, 1955, which also came into force, with one or two exceptions, on 1st January, 1956. The Regulations add a number of new provisions in respect of the hygienic handling of food and the construction and maintenance of premises, stalls, vehicles, etc. where food is handled. They do not apply to slaughterhouses or cold stores or to a number of other types of premises (e.g. dock premises, warehouses, carriers' premises) except in so far as activities such as staff canteens or retail shops, etc. may be carried on there. They also replace previous regulations in respect of the transport and carrying of meat.

The regulations lay down requirements in respect of (i) the cleanliness of food premises and stalls, etc. and of apparatus and equipment, (ii) the hygienic handling of food, (iii) the cleanliness of persons engaged in the handling of food, and their clothing and the action to be taken where they suffer from, or are carriers of, certain infections, (iv) the construction of food premises, stalls, vehicles, etc. and the facilities to be provided and (v) the temperature at which certain foods that are particularly liable to transmit disease are to be kept in food premises.

They prescribe the higher maximum penalties for offences against the Food and Drugs Act, 1955. The operation of certain of the regulations which may require alterations to premises or substantial changes in existing practices is made subject to a delay of six months and local authorities (who are the enforcing authorities) are empowered to give certificates of exemption from the requirements of certain regulations if through special circumstances compliance with the provisions concerned cannot reasonably be required. There is an appeal to a court of summary jurisdiction against the refusal or withdrawal of a certificate.

Food Premises.

The following shows the number of food premises, etc. by type of business, in the area:

Cafes, etc. ...	...	...	...	...	43
General Stores	...	...	...	...	93
Bakers	...	...	...	...	17
Butchers	...	...	...	...	16
Premises registered under Section					
14, Food and Drugs Act, 1938:					
	Ice-cream ..	...	...	...	97
	Preserved foods	...	...	...	28
Number of dairies registered under the					
	Milk and Dairies Regulations, 1949	...	...	...	13
Number of inspections					
	of registered food premises	...	...	...	67

Method of Disposal of Condemned Food.

Fresh or imported meat under the weight of 50 lbs. found to be unsound is cut up and sterilised for animal feeding. Larger quantities are returned to the Ministry of Food Distribution Depot at Winchester. Canned food condemned is opened and removed for disposal by our own refuse collection staff.

CIVIL DEFENCE.

The Civil Defence Corps of the County has been re-organised with the appointment of Area Civil Defence Officers who have taken over the work of training for the Ambulance Service, formerly devolving on this Council.

BYELAWS.

The following byelaws were in operation in this district as at 31st December, 1955:

<u>Series</u>	<u>Date of confirmation</u>
Tents, Vans and Sheds, etc. Byelaws	... 4th August, 1937
Byelaws for the Handling, Wrapping and Delivery of Food, etc. (Food and Drugs Act, 1938 - Section 15)	... 11th April, 1950
Byelaws for preventing waste, undue consumption, misuse or contamination of water (Water Act, 1945, Section 17)	... 4th December, 1950
Building Byelaws under the Public Health Act, 1936	... 27th May, 1953.

A N N U A L R E P O R T

for the year 1955

by the

SENIOR SANITARY INSPECTOR

May, 1956.

To the Chairman and Members
of the Health Committee,
Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my report for the year 1955, giving details of the work carried out in the field of environmental hygiene under the various statutory requirements. The basis of the report is on similar lines to last year.

I wish to acknowledge the close co-operation and willing assistance given to me by the staff of this department and to the officers of other departments who have given assistance in the preparation of this report.

I am,

Your obedient Servant,

FRANK HURST

Senior Sanitary Inspector.

HOUSING.

Improvement Grants.

Compared with the previous year there has been an increase in the number of applications by owners to modernise their properties by means of grants of public money under the Housing Act, 1949. The main improvements consist of the provision of drainage, bathrooms and hot water systems and, in some cases, the addition of an extra bedroom. Details are as follows:

Number of applications	75 in respect of 90 dwellings
Number approved by Council	67 in respect of 81 dwellings
Number cancelled by applicants	5 in respect of 5 dwellings
Number refused by Council	3 in respect of 4 dwellings

Temporary Building Structures.

Licences issued under Section 53 of the Public Health Act, 1936 for buildings constructed of short-lived materials and used for human habitation, are as follows:-

- (a) Total number of licences approved ... 212.
- (b) Number renewed during the year ... 14.
- (c) Number of new licences granted during the year .. nil.

Clearance Areas and Individual Unfit Houses.

In response to the Government request, an increased tempo towards the clearance of unfit houses has been pursued during the year. The Inspectorate have made an intensive survey in each parish of those sub-standard houses listed as a result of the Hob-house Survey in 1945.

A schedule has been prepared, consisting of 280 cottages considered unfit for human habitation within the meaning of Section 9, Housing Repairs and Rents Act, 1954 and Section 11 of the Housing Act, 1936, and this will form the basis of a five years' programme.

The Ministry of Housing and Local Government has approved the 1955-56 programme to erect forty dwellings to rehouse persons displaced from cottages dealt with by way of Demolition or Closing Orders.

The following table shows the number of Demolition and Closing Orders issued and the number of defective or unfit houses rendered fit during the year:

CLEARANCE AREAS (Housing Act, 1936)

Nil

HOUSES NOT INCLUDED IN CLEARANCE AREAS

DEMOLITION AND CLOSING ORDERS:

(1) Housing Act, 1936:

(a) Houses demolished as a result of formal or informal procedure under Section 11

(b) Houses closed in pursuance of an undertaking given by the owners under Section 11 and still in force

(c) Parts of buildings closed (Section 12)

(2) Housing Act, 1949:

(a) Closing Orders made under Section 3(1)

(b) Demolition Orders determined and Closing Orders substituted under Section 3(2)

(3) Local Government (Miscellaneous Provisions) Act, 1953:

Closing Orders made under Section 10(1)

Number of

Houses Persons displaced

14

21

16

-

-

-

-

-

-

-

4

11

REPAIRS:

Informal Action

(4) Number of unfit or defective houses rendered fit during the year as a result of informal action by the Local Authority under the Public Health or Housing Acts

28

Action under Statutory Powers.

(5) Public Health Acts:

Number of houses in which defects were remedied after service of formal notices:

(a) by owners

(b) by Local Authority in default of owners .

nil

nil

(6) Housing Act, 1936:

Number of houses made fit after service of formal notices (Sections 9, 10, 11 and 16):

(a) by owners

(b) by Local Authority in default of owners .

nil

nil

Housing Allocation Scheme.

The number of Council houses newly occupied during the year shows a considerable drop from the previous year - the result of a change of Government policy, the abolition of housing allocation and an alteration of the Exchequer subsidy in houses for ordinary letting purposes in favour of rehousing under slum clearance.

It is estimated that approximately 60% of houses allocated during the year were to technological workers and their families. Statistics are as follows:-

- (a) New Council houses and flats occupied during the year 67
- (b) Number of agricultural workers allocated houses during the year ... nil
- (c) Number of families rehoused from camp hutments ... 16
- (d) Number of "live" applications for accommodation as at 31st December, 1955 ... 1,358

Provision of New Houses.

23 houses and 60 flats have been erected for the Council during the year in the undermentioned parishes:

		<u>Houses</u>	<u>Flats</u>			<u>Houses</u>
Bursledon	...	10	40	Itchen Valley	...	4
Compton	...	-	20	Owslebury	...	3
West End	...	4	-	Wonston	...	2

In addition, 345 houses were erected by private enterprise in the undermentioned parishes:

West End	...	...	151	King's Worthy	...	...	5
Hedge End	...	...	44	Botley	...	...	4
Compton	...	...	40	Colden Common	...	...	4
Hamble	...	...	29	Itchen Valley	...	...	4
Hound	...	...	12	Micheldever	...	...	4
Headbourne Worthy	...	...	9	Crawley	...	...	2
Bursledon	...	...	8	Wonston	...	...	2
Fair Oak	...	...	6	Bishops Sutton	...	...	1
New Alresford	...	...	6	Cheriton	...	...	1
Otterbourne	...	...	6	Hursley	...	...	1
Twyford	...	...	6				

The following table shows the number of houses built for the Council since the end of the war and the number of huts now in occupation:

Parish	Tradit- ional	Non- tradit- ional	Flats	Pre- fabs	Total	Huts
Bishops Sutton.	4	-	-	-	4	-
Bighton	4	-	-	-	4	-
Bramdean	10	10	-	-	20	-
Cheriton	6	6	-	-	12	-
Itchen Stoke and Ovington..	6	-	-	-	6	-
Itchen Valley..	10	4	-	-	14	-
Kilmeston	6	-	-	-	6	-
New Alresford..	114	-	-	10	124	-
Old Alresford..	10	10	-	-	20	-
Golden Common..	14	26	-	8	48	-
Compton	18	-	20	-	38	-
Crawley	8	-	-	-	8	-
Hursley	6	-	-	-	6	-
King's Worthy..	88	28	-	115	231	-
Littleton	8	-	-	-	8	-
Micheldever ...	10	8	9	-	27	-
Otterbourne ...	18	6	-	-	24	-
Owslebury	26	2	-	-	28	-
Sparsholt	36	-	-	-	36	-
Twyford	16	12	12	-	40	-
Wonston	26	-	-	-	26	-
Botley	48	-	-	-	48	4 +
Bursledon	42	226	124	-	392	56
Fair Oak	64	12	-	-	76	-
Hamble	42	50	20	50	162	-
Hedge End	94	26	-	20	140	14 +
Hound	120	77	4	62	263	-
West End	118	-	32	-	150	-
Totals	972	503	221	265	1,961	74

+ Rest Centre Huts

Ex-Service Camps.

It is gratifying to report that only two Nissen huts are now occupied for living purposes.

The Cricket Camp at Bursledon is now the only camp under the administration of the Council. This camp consists of fifty-four Orlits and the two Nissen huts referred to above.

Moveable Dwellings.

It would seem that more control legislation is required where the occupiers of caravans have a "permanent" pitch.

Young persons are buying caravans and regarding them as a permanent home in many cases, not always realising that an average 150 feet superficial floor space is totally inadequate for family life and is not conducive to the social and hygienic standard of present day conditions.

The number of licences issued by the Council for individual sites during the year was nine.

The Council Caravan Camp at Shamblehurst Lane, Hedge End, has at present thirty-one caravans on the site.

Caravan sites in respect of which licences have been issued by the Council under Section 269 of the Public Health Act, 1936, are as follows:-

<u>Site</u>	<u>Number of caravans.</u>
Riverside Caravan Camp, Satchell Lane, Hamble ...	50
Winchester R.D.C. Caravan Camp,	
Shamblehurst Lane, Hedge End ...	40
Tripps End Camp, Hammerton Farm, Hedge End ...	30
Oaktree Caravan Camp, Allington Lane, West End ..	25
Brickfields Caravan Site, Colden Common ...	24
Spring Lane Caravan Site, Colden Common ...	16
Taylor's Caravan Site, Sutton Scotney ...	18
Market Gardens Caravan Site, Oliver's Battery ...	12
Barney's Caravan Site, Crowd Hill, Fair Oak ...	12
Morn Hill Caravan Site, Alresford Road. Chilcombe	10
South Drive Caravan Site, Littleton ...	7
Dedman's Caravan Site, The Dean, Alresford ...	7
Spicer's Caravan Site, Hedge End ...	5
The Gorse Caravan Site, Colden Common ...	5
Hampshire County Council Farm	
Institute, Sparsholt ..	3

WATER SUPPLY.

The Southampton Corporation water mains supply the parishes in the southern part of the district; Winchester Corporation mains, together with the Crabwood Water Company, supply water in the central parishes north of Winchester and the further northern and eastern parishes are supplied from the Totford water scheme.

Samples from these water supplies are periodically submitted for bacteriological examination and the coliform bacilli and faecal coli figures have been certified as satisfactory by the Director of the Public Health Laboratory.

Chemical examination of samples taken recently show comparative figures in nitrogen content, temporary and permanent hardness, etc. as shown in the following table:

	Southampton Corporation	Winchester Corporation	Totford Supply
	(In parts per million)		
Free Chlorine ...	0.3	Nil	-
Free Carbon Dioxide as CO ₂	7.0	19.0	-
Ammoniacal Nitrogen as N.	0.023	0.038	Nil
Albuminoid Nitrogen as N.	0.005	0.002	0.014
Nitrous Nitrogen, as N.	Absent	Absent	Absent
Nitric Nitrogen, as N.	4.2	6.0	2.7
Oxygen absorbed as O. (Permanganate figure, 4 hours at 80°F.)	0.075	0.075	Nil
Alkalinity, as CaCO ₃	150	210	275
Total Solids ...	260.4	351.2	335.2
Reaction pH ...	7.8	7.2	7.3
Hardness:			
Temporary ...	122	144	205
Permanent ...	53	51	39
Total ...	175	195	244
Iron ...	Absent	Absent	Absent
Copper ...	Absent	Absent	Absent
Lead ...	Absent	Absent	Absent
Zinc ...	Absent	Absent	Trace
Phosphates ...	Absent	Absent	Absent

The following table shows the number of dwellings in each parish and the number provided with a main water supply at the end of the year:

Parish	Number of houses	Mains Supply		Percentage on main supply
		Direct to houses	Stand-pipe supply	
Abbotts Barton ...	9	7	-	77
Beauworth ...	40	21	-	53
Bighton ...	58	29	-	50
Bishops Sutton ...	162	90	-	56
Botley ...	429	389	-	90
Bramdean ...	178	86	-	48
Bursledon ...	957	890	-	94
Cheriton ...	178	86	-	48
Chilcombe ...	33	22	-	66
Golden Common ...	411	390	-	95
Compton ...	507	499	-	98
Crawley ...	147	138	-	94
Fair Oak ...	478	460	-	96
Hamble ...	829	799	-	96
Headbourne Worthy..	98	76	-	76
Hedge End ...	953	844	-	88
Hound ...	1,279	1,209	-	95
Hursley ...	269	201	9	81
Itchen Stoke and Ovington ...	94	-	-	-
Itchen Valley ...	413	290	-	70
Kilместon ...	78	42	-	54
King's Worthy ...	593	579	-	98
Littleton ...	211	139	-	65
Micheldever ...	382	258	-	68
New Alresford ...	672	663	-	99
Northington ...	82	46	-	56
Old Alresford ...	155	100	-	64
Otterbourne ...	220	208	-	95
Owslebury ...	218	124	-	57
Sparsholt ...	205	187	-	91
Tichborne ...	78	35	-	45
Twyford ...	505	489	-	95
West End ...	1,001	950	-	95
Wonston ...	382	279	-	73
Totals ...	12,304	10,612	9	86

Samples of well water supplying 64 individual properties have been submitted for bacteriological examination during the year and resulted as follows:

Number found to be satisfactory 49.

Number found to be unsatisfactory .. 15.

Where the source of water was found to be unsatisfactory, alternative supplies were arranged, a piped supply of water from company mains provided or protection given to the well to prevent ingress of surface water.

DRAINAGE AND SEWERAGE.

The Consulting Engineers' plans for the sewerage of Botley, Bursledon and Hedge End have been approved by the Ministry of Housing and Local Government and are in urgent need of implementation.

The sewerage of Fair Oak Village is also becoming more urgent; plans have been submitted to the Ministry.

Development on the Telegraph Wood Estate and the Hatch Bottom Estate, West End, has necessitated the extension of the sewer approximately 560 yards on the former estate and 1,500 yards on the latter.

Connections of dwelling-houses to the sewerage system during the year numbered 136.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk.

During the year renewals of licences issued by this Council were as follows:-

Licences to pasteurise milk	...	...	...	1
Dealers' Licences for pasteurised milk	...	...	...	6
Dealers' Licences for tuberculin tested milk	...	...	...	6
Supplementary Licences for pasteurised milk	...	...	...	11
Supplementary Licences for tuberculin tested milk	..	...	...	12
Supplementary Licences for sterilised milk	...	...	...	2

shown: Routine testing of pasteurised milk was carried out as

Number of samples .. 25; Satisfactory .. 24;
Unsatisfactory. 1.

(b) Meat and Other Foods.

Details of meat and other foods inspected at retail shops and depots and condemned as unsound during the year are as follows:

<u>Meat</u>		<u>Canned Foods.</u>	
Imported beef	652 lbs.	Luncheon meat	11½ lbs.
Imported kidneys ...	28 lbs.	Steak	1 lb.
Imported liver	20 lbs.	Jam	2 lbs.
Bacon	5 lbs.	Peas	1¼ lbs.
		Tomatoes	8 ozs.
		Fish	5 tins
		Milk	2 tins
<u>Other Food</u>			
Smoked cod fillet ..	7 lbs.		
Smoked salmon	1½ lbs.		

The following table shows the number of carcasses and offal inspected and the number condemned in whole or in part:

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	2	-	9	10	19	-
Number inspected ...	2	-	9	10	19	-
<u>All diseases except tuberculosis and cysticerci:</u>						
Whole carcasses condemned ...	-	-	-	1	-	-
Carcases of which some part or organ was condemned ...	-	-	-	1	-	-
Percentage of number inspected affected with disease other than tuberculosis or cysticerci ...	-	-	-	20	-	-
<u>Tuberculosis only:</u>	-	-	-	-	-	-
<u>Cysticercosis:</u> ...	-	-	-	-	-	-

Sampling of Food.

The Hampshire County Council is the sampling Authority under the Food and Drugs Acts. Details of substances sampled within this district during the year are as follows:-

<u>Article</u>	<u>Samples taken</u>	
	<u>Genuine</u>	<u>Unsatisfactory</u>
Butter and other fats	7	-
Drugs	3	-
Milk	123	-
Sausages, meat and fish products.	9	1
Spirits	9	-
Other foods	15	-
Totals	166	1

The 123 samples of milk contained an average of 3.98% milk fat and 8.70% non-fatty solids.

Unsatisfactory sample: the meat present in a sample of steak and onion roll was found to consist mainly of offal and connective tissue; this was a cooked meat product retailed at 2s.4d. per lb; the manufacturers have been advised to alter their description of this article.

Ice-cream premises.

The number of premises registered for the sale of ice-cream in the district at the end of the year was 97. During the year seven premises were registered under the Food and Drugs Acts for the sale of pre-packed ice-cream.

Periodical inspections and sampling where necessary have been carried out.

REFUSE DISPOSAL.

The collection of refuse is operated from the main depot at Morn Hill and the sub-depot at Grange Road, Hedge End; the refuse is carried by freighters to the tips, two of which are situated in the northern area, two in the central area and one in the south.

The disposal of refuse is fundamentally important to public health and one would like to see a higher degree of controlled tipping than is at present practised.

FACTORIES ACT, 1937.

The following table shows the number of inspections carried out and the number of notices served during the year:

Premises	Number on Register	Inspections	Written Notices	Occupiers prosecuted
Factories (with mechanical power)...	127	48	4	-
Factories (without mechanical power)...	29	4	-	-
Other premises under the Act (including works of building construction, but not including out-workers' premises ...	-	-	-	-
Totals ...	156	52	4	-

RODENT CONTROL.

Due possibly to the widespread use of the rodenticide "Warfarin" by agriculturists, the position with regard to the rat population on the farms has considerably improved during the year.

The periodical visits of the Agricultural Rodent Inspector to all farm premises in the district have evidently made farmers more rat conscious.

The Rodent Officer and our five rodent operatives, through their tact and understanding, have carried out their rat destruction duties in such a manner that no necessity has arisen to take statutory action under the Prevention of Damage by Pests Act, 1949

The following table shows the number of inspections and treatments carried out by our operatives during the year:

Type of property	Inspections made	Treatments carried out		Under Sec.5	Block treatments
		Rats	Mice		
Local Authorities' properties ...	43	38	3	-	-
Dwelling houses) ...	18,043	2,336	10	-	119
Business premises) ...					
Agricultural properties ...	497	136	-	-	-
Totals ...	18,333	2,510	13	-	119

Number of dead rats found .. 4,975.

SUMMARY OF VISITS AND INSPECTIONS.

The following table shows the number of visits and inspections carried out during the year under the various Acts and Statutory Regulations:

Statute	Nature of Visit	Number of Inspect-ions	
Milk and Dairies Regulations	Inspections for re-construction, alterations and conditions of cleanliness	6	
Factories Act, 1937	Examination of means of escape in case of fire ... Routine inspections	2 52	
Shops Act, 1934	Inspection of premises	10	
Food & Drugs Act, 1938	Inspection of premises	67	
Housing Acts, 1936-54	Houses inspected in respect of essential repairs	509	273
	Re-inspection of premises	32	
	Investigation of housing applications	639	
	Number of dwelling houses found not to be in all respects fit for human habitation		
	Defects remedied during the year without service of formal notice in consequence of informal action by the Council or their officers		
	Action under statutory powers under Public Health and Housing Acts: number of dwelling houses in respect of which formal notices were served requiring repairs ..		28
			nil
Public Health Act, 1936	Inspection of premises	189	
	Nuisances found and remedied	125	
	Re-inspections	431	
	Inspections in connection with water supplies	116	
	Visits and disinfections in connection with notifiable diseases	88	
	Drainage inspections	393	
Rodent Control	Number of inspections	18,333	
	Interviews		324
	Total	20,992	

